

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9406</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing. Name <u>KEVIN</u>    <u>KELLY</u> P.O. Box, Bldg., Room No., if any Street <u>1322 THIRD AVENUE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10021</u>	4 Name, file number, and address of labor organization Name <u>METAL LATHERS LOCAL 46</u> Labor Organization File Number <u>008438</u> P.O. Box, Building and Room Number, if any Street <u>1322 THIRD AVENUE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10021</u>
5. Position in labor organization <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction, or Income.  7.b Amount. 

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Kam Kelly

On 8/12/05  
Date

(212) 737-0500  
Telephone Number

Name of Person Filing

KEVIN

KELLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a. Nature of interest held or income received

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

Expense reimbursement for trip to  
I. E. N. A. T. C. N. A. conference in  
San Francisco, Ca. 09/09/2004

14.b. Amount of payment.

13.b. Is the Business an Employer ☒or Consultant ☐

?

\$ 2400

Name of Person Filing

KEVIN

KELLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing

## 11.b. Approximate dollar value of such dealing

## 12.a. Nature of interest held or income received

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Metal Workers Local 46 Apprenticeship Fund

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 198 East 98th StreetCity NEW YORKState NEW YORKZIP Code + 4 10021

## 14.a. Nature of payment

Reimbursement for registration for the  
conference of I. E. N. A. T. C. N. A.

09/09/2004

13.b. Is the Business an Employer ☒or Consultant ☐ ?

## 14.b. Amount of payment.

\$1000

Name of Person Filing

KEVIN

KELLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8. Name and address of Business (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

## 11.b Approximate dollar value of such dealing

## 12.a. Nature of interest held or income received

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Metal Workers Local 46 Apprenticeship Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 198 East 98th Street

City New York

State New York

ZIP Code + 4 10021

## 14 a. Nature of payment.

Reimbursement for hotel expense for the trip to I. E. N. A. T. C. N. A. conference in San Francisco, Ca.

09/23/04

13.b. Is the Business an Employer ☒or Consultant ☐

?

## 14.b. Amount of payment.

\$1191

Name of Person Filing

KEVIN KELLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

12.b. Amount. \_\_\_\_\_

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Metal Lathers Local 46 TRUST FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 198 East 78th StreetCity NEW YORKState NEW YORK ZIP Code + 4 10021

14.a. Nature of payment.

Estimated cost of annual Christmas Luncheon hosted by the Metal Lathers Local 46 Benefit Funds  
12/14/2004

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$ 113 -